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COMMUNICATIONS.

MORBID IMPULSES.

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In an article written for the Cincinnati *Medical News*, in May, 1874, I offered the following explanation of the morbid impulse:—

"When the impulse becomes dominant, asserting itself despite the will, then it is that the person is pronounced insane. The mere existence of the *fixed idea*, so long as it be controlled by volition, is in no wise an abnormality. When the hemispherical cells cease to react upon each other harmoniously, when an idea prolongs its tension so as to 'tyrannize over the understanding, and become an absorbing entity,' illusions and delusions result. A man in this condition of mental erythism, acting under a delusion, would not be amenable to law, only in so far as his confinement in a proper asylum would be demanded. The *modus operandi* by which an idea becomes excited and active is this: The necessary external stimulus applied to the sensory ganglia is expressed outwardly as pleasure or disgust, while the residua furnish to the well-balanced mind the stimulus which was necessary to excite the particular idea in one of the numerous cortical cells. Just what stimulus was needed, and just what idea would obtain from its application, are the lessons stamped on the mental growth by the experience of generations. The nervous action may become weakened by the vicious transmission of heredity, or the integrity of the nervous vitality of the centres may be upset by injurious practices."

A more precise observation has forced the belief upon me that a morbid impulse, which is always dominant and may not be controlled by the will, never originates *de novo*, but is the result of previous family instability. The underlying predisposition to the various conditions of mental erythism may always be found in a transmitted tendency of heredity, or, in women, in uterine disorders and misplacements. The hypochondria incident to acute dyspepsia is often the offspring of eccentricity (so-called) in either the father or the mother, and may, in turn, become the parent of a more pronounced form of mental unsoundness in the next generation. Each one, in his life's history, may remember the existence of a transitory impulse, which, had it been realized outwardly in action, would have occasioned shame and disgrace. But such occasions only become matters of legitimate legal inquiry when they are offered in extenuation of crime. An influential consideration which must always be a prominent factor in the ultimate diagnosis is the social position of the patient. The commission of a criminal act by a person whose previous record has been untarnished, who has never been vicious or immoral, whose education has been elevating and whose associations such as tend to develop and strengthen the better sentiments of human nature, is much more apt to be caused by disease, than would be a similar realized impulse in one whose constant acquaintance with crime had lowered the moral tone and brought into prominence the brutal passions.

The law differentiates in the two instances with equity and good sense, consigning the one to an insane asylum and the other to prison. Morbid introspection, or the constant consideration of an impulse to commit an offence, will sometimes

become so overmastering that the victim, recognizing the imminent danger to himself and others in a weakened will power, will request to be put under surveillance. Such a case, and one of great interest, is fully described by M. Dagonet, in the *Journal de Médecine Mentale*, 1869, p. 317. It is also worthy of note that all the cases cited in the literature of mental disease as instances of morbid impulse have occurred in the middle or higher grades of society. The advance of civilization, rather than its absence or retardation, exerts a marked influence in their development. The greed of gain, the fluctuations of the money market, the exciting condiments of sumptuous tables, the sensual and demoralizing literature and art which delight the æsthetic young people of the period, are the necessary evils of our day and generation. Ignorance will foster superstition, debase the intellect and weaken the mental growth, but it will not disrupt the harmonious intercommunication of perception and will. Very rarely, if ever, has it been the case that a dominant impulse has obtained among the ignorant. When the existence of this condition of mental erythism is urged in the extenuation of crime, it should be the duty of the physician to inquire minutely into the inherited tendencies of the prisoner, to seek for parental eccentricities, to weigh well the previous mental states, the social position and early training; and should it be a woman, to examine carefully for uterine flexions. Many women have been confined in asylums for acute and chronic insanity, who have recovered almost immediately upon the correction of a mal-placed uterus. Disorders of the digestive apparatus may be the exciting cause in a person so predisposed by reason of a transmitted taint.

The relation of the morbid impulse to crime is an intimate one. The abuse of the plea in criminal courts should not blind our eyes to its frequent existence. Just when the court may make a discrimination, and differentiate between a crime committed with a calm and sane deliberation, and others committed on the impulse of the moment, or from the predominating assertion of a morbid impulse, is a matter of frequent and interesting medico-legal inquiry. The theory of mania transitoria, urged with so much ability and success in the Reynolds and McFarlane trials, could not bear the test of intellectual inquiry. While such states of mental unsoundness are incident to epilepsy and cerebral congestion, giving rise to transitory mania, no essential and primary disease of this kind is known in neurology. Yet a crime committed by a person who himself was a victim to epilepsy, or whose antecedents had been epileptic, might be condoned with propriety upon such a plea. The heat of passion occasioned by wrongs, imaginary or actual, does occasion cerebral hyperæmia, but such a plea could not be accepted in equity, by any court, as palliative of an offence committed. The immediate antecedent and subsequent mental condition of the prisoner, in relation to the crime, had been normal. He had no inherited disease, and the passion was self-caused and might have been controlled. No man may take the law into his own hands. To urge the plea of mania transitoria in such a case, because a condition of cerebral hyperæmia did obtain, is to stultify scientific medicine. The desire of redress for wrongs inflicted is natural and general. The Christian fortitude to bear our ills with serenity—to suffer long and be kind—is rare. The constant contemplation of our troubles may lead to morbid mental states; but, except in rare instances, the criminal impulse may always be controlled by the will; and even where the will has become weakened we are always conscious of its approach, and our relations to society then demand that we should seek sanitary intervention. A morbid impulse beyond the control of the will never manifests itself without previous warning. A criminal act perpetrated under these conditions is to be taken cognizance of by the law, only in so far as the patient is criminal in not surrounding himself with necessary protection against the outburst. In advanced stages, even for such negligence, a man may not be accountable, as a will sufficiently weakened to fail in controlling any manifestation presupposes that it is equally weak in all things, and is not, therefore, capable of realizing its own insufficiency. Such a painful condition is true insanity, and should be treated as such.

AN IMPROVED METHOD OF TREATING THE NEWLY-BORN CHILD.

BY W. J. CRAIGEN, M.D.,
Of Cumberland, Md.

In my treatment of the newly-born infant—

It is not washed.

It is not dressed.

It is not fed.

It is not bandaged.

Its umbilical cord is not compressed.

Probably, to the great mass of physicians this is an unheard-of innovation; at least, I have not come in contact with a practitioner who advocates or resorts to the method.

To ascertain if there is any advantage over the old or present method, it may be well to compare them. And to premise, I will say I find the temperature in the vagina of a parturient woman during normal labor to be 100°. The temperature in the axilla and groin of a newly-born child, while under the bed coverings, and previous to severing the cord, is 99°

It has been asserted that one-half of all the children born in the world die under 5 years of age. If this is true, is there any way of accounting for such a fearful mortality? I believe there is, and the very first or initial treatment the young child has imposed upon it is one of the main factors.

In the present method, as soon as the child is extruded from the mother, two ligatures are quickly thrown around the umbilical cord, and it is severed by a single cut of a sharp instrument between them. Some prominent instructors say this is the proper way, for *cleanliness.*

The amniotic liquor is soon evaporated from its surface, and about the time reaction occurs the garrulous nurse takes it on her lap, and at once exposes its nude, moist body to the atmosphere, in a room whose temperature is somewhere from 70° to 60° or even less. There is a sudden reduction of temperature to this tender infant, of 39° or more. Then, with her dish of warm water, pot of grease, soap and towel, she leisurely begins the process of inunction, soaping, washing, rubbing, inspecting, wiping, eulogizing and comparing. She views this exposure as a matter of utter indifference, yea, even a necessity, for the grease and *dirt* must be washed off, and she must have time and opportunity to do it properly.

Ask her why she washes the child, and she will tell you, to make it clean. Ask her if she can wash it clean then, and if she has any experience in the ablutions of new-born infants, the question will puzzle her, but she may quickly reply, she will wash it clean next time. I then tell them to wait until next time to wash the child. Tell her the ancient people of Germany, Britain, Scythia and Greenland follow the Lacedemonian custom of plunging the fœtus into cold water or ice water, or even roll it into the snow, immediately after its birth, as appears to be still the practice in some remote districts of the vast empire of Russia, and she will raise her hands in horror, and exclaim, "what horrid brutes,' while at the same time she solaces herself with the error that the water she is using is so warm and nice for the little one. Little does she dream the warmer the water the greater the chill is to the child.

After completing this refrigerating process, she leisurely commences adjusting the articles of dress. The doctor has first applied to the umbilical cord a piece of greasy, stiff, ribbed and guttered, corrugated, serrated and stitched old linen shirt front. The superfluous edges are folded several times, and this compress is held in place by a belly band, which she proceeds carefully to apply. This bandage consists of two thicknesses of stiff, glazed, new cotton cloth, hemmed, and possibly embroidered. It is generally made too large, and has to be folded over an inch at the top. With the index finger of the left hand for a fulcrum and the bandage for a lever, she succeeds in getting the child pretty well *supported.* "This is to keep it from bustin' open when it cries." The superfluous length is folded into a ridge or welt, and pinned over the back or side. I attended a parturient woman who had emigrated from the north of England. She produced a neatly made bandage, the size of which I estimated to be four inches wide and one and a half yards long. She told me such was the custom where she came from. Just think of the constriction of those children. The little shirt, with its embroidery, lace and frills, is next slipped on, and its superfluous folds and lace-edged flaps are pinned down, front and back. Next the heavy napkin, and then the double thick, stiff, glazed, new cotton petticoat body and flannel shirt are applied. The superfluous material in this case is also folded and pinned over the back. Next we have the dress, perhaps stiffly starched, with its loose neck and tucked body, and long, lace-trimmed sleeves, to be turned up over the hands. Fortunately this garment is fastened with tapes. The child's head and shoulders are covered with a small fancy shawl or blanket, and it is next entirely enveloped in a heavy woolen shawl. It is placed in a cradle, and two, four or more thicknesses of heavy comfortables are piled on top of it. An occasional shawl or two found about the room is also thrown over it, and it is told to take a *comfortable* nap. These manipulations having lasted thirty or sixty minutes, has, together with its pitiable lamentations, about exhausted it. Its hands and arms, feet and legs are cold and blue, and it is so thoroughly chilled it does not recover its heat for hours. When the child cries nurse concludes it is hungry, and she determines to feed it. Accordingly, it is stuffed with cracker and water, cracker, butter and sugar, or "sugar tit," whisky toddy, and possibly some milk and water. Should this not suffice to keep it quiet, she imagines it is sick, and forthwith pours down its throat catnip

tea, calamus tea, mint tea, or some other kind of vile, abominable weed decoction, which may be in reach. To show what horrible things children are sometime dosed with, the most nauseating, disgusting and offensive fetor I ever smelled was from a decoction made from the hard warts taken from the inner surface of a horse's leg, and administered to an infant by its mother, to cure thrush. It lived but a short time.

A few days after the birth of the child you are greeted some morning by the nurse with the following story: "Doctor, baby is sick. It has a bad cold on its breast. Its little navel is sore, and it has a breaking out all over its body. It cried and whined and coughed all night long, and it breathes so bad. It did not pass water all the first day, and I gave it some pumpkin seed tea, and it is better now(?). It has the janders, and I gave it some saffron tea. It would not nurse, and I gave it some catnip tea. I gave it some mint tea, and it brought up wind like a grown person. If it cries as bad to-night, I will have to give it some cordial, but I don't want to give it *medicine* as long as teas and sich will do. I expect it nursed this cold from its mother." Yes, madam, the more you feed it the longer you will sit up with a crying child.

The picture may seem overdrawn, but it occurs throughout the country every day.

In the last sixty days I have discovered the following trash, fed to three infants, during the first forty-eight hours after birth, and this regardless of my instructions, expostulations and scolding, viz., watermelon seed tea, saffron tea, whiskey toddy, and cracker "sugar tit." One was nearly killed by the mother using chloroform liniment on her breasts, and another was applied to the breasts of a woman who had been delivered seven months previously. This child I sat up with the latter half of the night, to prevent spasms. I believe few physicians know what torture infants undergo.

Now, is it not probable that this exposure to cold and chilling of the body is the initial or starting point, the foundation and the cause of that train of numerous evils and ills which lead to such a fearful mortality?

Is it not more than probable that serious injury to, or structural changes of, the delicate molecules and tissues are produced, which lead to diseases present and remote?

A case was reported to me where an old nurse washed a child, rinsed it twice, and soon after found the lower extremities paralyzed, from congestion of the spinal cord, I suppose.

Is it not probable that the highly perfumed soaps, with their irritating essential oils, caustic alkali, diseased and decomposed fats, applied to the delicate skin, produces strophulus, crusta lactea, eczema, purulent ophthalmia, erysipelas neonatorum, a febrile condition which results in scaling of the whole epidermis, and numerous other diseases?

Does not the absurd cramming of improper articles into the tender infant's delicate stomach produce irritation, indigestion, flatulence, pain, cramps, colic, spasms, etc., which are another source of disease?

And the navel of the poor little tortured creature, with its useless greasy rag dressing, sloughing cord, and disagreeable fetor, is rubbed by the injurious, stiff-rucked bandage, until there is often a wide zone of inflamed and ulcerated painful tissue surrounding it. And is not this also a source of disease?

Should we not really expect a greater mortality than fifty per cent. from such treatment to infants as this?

Believing a change was necessary, I adopted, ten years ago, and have been testing, the following plan:—

As soon as the child is expelled from the mother it is placed on its right side, in a comfortable position for breathing, and kept well under the bed clothing until the cord ceases to pulsate. This is for the retention of the additional grams of blood. Not wishing to sever the cord like other animals, I nick it slowly with a pair of dull scissors, then catch it close to the abdomen, between the thumb and index finger of the left hand, and strip out the blood and gelatine with the thumb and index finger of the right hand, then throw a ligature around it. In my own household I do not ligate the cord. It is nicked off slowly, allowed to bleed for a few seconds, stripped well, to collapse the vessels, and then left dangling in that condition. It dries rapidly, curls up on the abdomen without giving trouble or being in the way, and drops off in a day and a half to four days, without irritation and but little fetor.

Should there be a thick, dense, hard, unyielding cord, from which nothing can be pressed, beware of it, for as soon as the dessication relieves the constriction of the one or more ligatures, the child will bleed to death, as did one for me. See that the vessels are collapsed, and I think there will be no fear, although literature gives us some curious cases. The case of a lacerated cord which came under my supervision did not bleed, and another reported to me gave no trouble.

After ligating the cord, a coating of fresh, soft lard is quickly applied to the whole surface of the child, exeepting its face, which latter is to be wiped off with a damp cloth. A napkin is applied about the hips, and it is quickly slipped into a soft, loose flannel gown, enveloped in a proper blanket, and laid in some comfortable place; it can there suck its fist or test its lungs and vocal chords. If the mother is healthy, she can suckle it when she feels inclined, but it is to have nothing except what it gets from her breasts; some infants sleep twelve hours before they nurse.

In twenty-four or thirty-six hours the infant has become somewhat accustomed to the great change in temperature it has been subjected to. The nurse can then give it its first ablution. Upon removing the gown, she will find its skin perfectly clean of the vernix caseosa, smooth, soft and velvety. After quickly bathing and drying, it is to be reclothed in napkin and gown, as at first. This is to be followed from day to day, until the cord drops off, when it can be turned over to its sympathizing torturers, to be dealt with as they are inclined, and to have its band applied every morning, and removed in a roll from under its arms each evening, and *vice versa*.

Intelligent mothers are much pleased with this method and prefer it to the other. They claim the scalp is always in a better condition afterward.

Should the infant be troubled with colic, from over nursing, it can generally be relieved by three or five grains of the following admirable combination:—

℞.	Magnesiæ ust.,	grs. xx	
	Pulv. rhei,	grs. x	
	Ol. anisi,	gtt. x.	M.

In justice to nurses, I will say, although I have yet to see the first one whose competency and training entitles her to cross the threshold of a lying-in chamber, yet few and rare are their instructions from an enlightened profession; surely it should be considered an occupation worthy of any woman, and higher than others she has access to, and the profession, for its own advantage, should try to induce sensible women to adopt it.

—Dr. John N. Niglas, health officer of Peoria, Ill., in his report for the year 1878, remarks upon the general improvement in sanitary matters which has resulted from the establishment of a State board of health in Illinois. The number of births is stated at 670, of which only 3 were colored; there were 343 males, 302 females, and 25 unknown; still-births, 29, 14 male, 15 female.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. DA COSTA.

Remarks upon Typhoid Fever, Complicated by Heart Disease. Relapse in Typhoid Fever. Autopsy in Recent Apoplectic Effusion.

Delivered at the Hospital, Philadelphia, Nov. 8, 1879.

REPORTED BY DR. FRANK WOODBURY.

Two Cases of Typhoid Fever.

Gentlemen, I will first call your attention to two cases of typhoid fever. In this man you will see a complication that may be found in ordinary cases of this disease; in the other you will observe some peculiar features that will repay you for their clinical study.

The first patient, a young man 19 years of age, I found in the wards of the hospital, occupying bed 12, when I took charge of them on November 1st; he then presented an undoubted case of typhoid fever. As regards his early history, it was ascertained that, as near as we could make out, it began on the 24th of September; that he had a diarrhœa, soon afterward associated with a febrile disorder. Upon being brought to the hospital a few days later, the temperature was found to be 104° F. in the axilla, but the pulse—I am now reading the notes of the day of admission—was not above 88 in the minute. Indeed, it has been a remarkable fact in this case that the pulse has remained so low throughout the case. Looking at the record almost from the day of admission, which was September 29th, (therefore five or six days after the disease had declared itself), we find the pulse of 86, 80, 76, 70, 70, 66, 70, and so on. All this time the temperature remains more or less high, not, perhaps, high in the sense of its being a marked fever-case, yet high relatively, when taken in comparison with the normal state. For instance, an afternoon temperature of nearly 102°, and a morning fall to 100° or more. Here, at once, we are struck with the fact that the patient has a pulse that does not correspond with the temperature. As a rule, you know that with a temperature above 102°, the pulse would rarely be below 100. As the pulse rises the temperature rises, or, perhaps, it would be more correct to state the reverse, a high temperature is accompanied by a rapid pulse. The disproportion here between the pulse and the thermometric record has been marked from the onset of the disease.

You will now want to know: Does this peculiarity apply only to the frequency of the pulse, or does it apply also to its character? It does not. The pulse, throughout the course of the disorder, was a compressible pulse; very much the pulse we are in the habit of finding in typhoid fever.

I will not say much about the case as regards the general symptoms. He had the usual eruption, the usual enlargement of the spleen, the usual diarrhœa, which we find in typhoid fever. His temperature has now been about normal for some days; it was this morning 97¼°, therefore less than normal. This is not uncommon in typhoid fever; the temperature is apt to go down below normal for a few days after convalescence

fairly begins. His tongue is now moist, slightly coated; his stomach is in good condition; he has no diarrhœa. But what about the other viscera? and do we find any explanation in their condition that will serve to throw some light upon this peculiarity of the pulse throughout? Let us now examine his chest. In listening to his heart now (and I detected it also in the ward) I find a most marked systolic murmur. It is harsh and well defined toward the apex, but becomes less marked toward the right base. It is associated with a sharp second sound; therefore there is something wrong with the heart.

We have here a nice point for diagnosis: Are these physical signs of heart difficulty the results of the fever process, or do they exist independently of it? Let us for a moment speak of the state of the heart in fevers. In typhoid fever, indeed, we may say in all low fevers, but pre-eminently in typhoid, you will have a murmur in the heart, due to an altered condition of the blood, aided, most probably, by a softened, flabby state of the ventricles.

The question now comes before us—are we dealing here with a murmur produced by an altered condition of the blood, favored by deficient muscular force in the ventricles, a blood murmur, or is it organic? a very important question, in view of its bearing upon the prognosis.

Now, I maintain that this murmur does not belong to the fever process in the present case, and I do it for the following reasons. The murmur was perceived on the very day of admission, and therefore within the first week of the fever. That is one point. The second is, this murmur is harsh and rough in character, and there is associated with it a most marked second sound. Finally, it is very strictly limited to the apex.

Now, gentlemen, this is not the history, it is not the sequence, of the murmurs that we occasionally perceive in the heart in typhoid fever; in truth, that we often perceive in such cases. They come on late in the disease, at any rate, not in the first few days; they are soft and blowing in character; this one is rough; and they are not associated with a distinct second sound at the base; this one is thus associated. Moreover, they are not so strictly limited to the apex as this one is limited. Therefore, I believe that it is an organic murmur, due to preceding heart disease, and the murmur has not been produced by the fever process.

Lastly, we get some confirmation from the results of percussion. The area of dullness in the cardiac region is large. This indicates that the heart has increased in size, which could not happen from a recent lesion. Therefore, I conclude that my opinion is sustained by the physical examination. This is a point of importance in the diagnosis, and also of importance in the treatment.

Now, to return to the early symptoms: I call your attention again to the state of the pulse, not explained by the fever, but satisfactorily explained by the fact that he had a mitral difficulty antedating the typhoid fever. It is this question that I would for a moment consider. What influence does the co-existence of heart disease exert upon the symptoms of typhoid fever? I will tell you my own experience in regard to the action of a diseased heart in typhoid fever, where it does not arise from the fever process. My observation has taught me that the pulse in a case of fatty heart, or an enlarged heart, in typhoid fever, does not rise in comparison with the fever process. I will give you this as a general rule, to which there may be exceptions, *Where the heart is diseased its pulsations do not rise in accordance with the fever process.* A case of marked febrile condition, with a comparatively slow pulse, almost leads me to look for disease of the heart, and not infrequently I have found it.

Now, this involves the question of prognosis. If this had been a blood murmur, by the use of tonics, including iron, and good food, we might hope to restore him to perfect health, and remove all trace of disturbed circulation. I would expect him to recover from the fever heart; but this organic disease will remain after convalescence.

In this case we have discussed an exceedingly interesting complication, which may have some bearing upon treatment and prognosis. In the next patient I will show you a case where there is a relapse, that may give you some important hints upon the occurrence of relapses in typhoid fever.

Relapse in Typhoid Fever.

G. B., 22 years old, occupying bed 13 in the men's medical ward, is a German, and it has been exceedingly difficult to obtain a clear account of him before coming into the hospital, or even the length of time he had been sick. He walked to the hospital—please notice this—although evidently a very ill man; proved, not only by the mental condition, but by the thermometer, which gave a temperature of 104° in the axilla. His pulse was 120, his muscles generally were tremulous, and he was very restless. His abdomen was tympanitic, and a few rose-colored spots were seen scattered upon the surface of the lower part of the chest and abdomen. There was also a soft systolic murmur at the base of the heart, which left us in no doubt upon two points in connection with the disease, that we were dealing with an inorganic murmur, and that the disease had existed for some time; for he must have been well into the second week of typhoid fever in order to have had the characteristic eruption, and to have had a blood murmur.

He remained in the ward, with some muttering delirium, with a temperature not much exceeding 103° in the evening, and the ordinary morning remission of a degree or more, with some epistaxis, but without much peculiarity in the march of the malady. He was treated in much the usual manner of our typhoid fever patients; with liquid food, nitro-muriatic acid (five drops every three hours) and occasionally, when the tongue appeared dry and brown, a turpentine mixture. From day to day he was carefully watched, sponging the surface when the bodily temperature was high, and keeping the discharges within bounds by the occasional use of an opium suppository; the case progressed towards a very favorable condition. On the 18th of the month (October) his temperature in the morning was down to 99°, in the evening it rose to, but did not exceed, 100°; in the morning it was again 99°, and the next morning 97°, therefore less than normal; the same evening it rose to 98°. The

next morning (October 21st) it was 97° again; the second morning of less than normal temperature; his fever had gone, his mind was clear, appetite returning, no diarrhœa, and was evidently convalescing. Now, gentlemen, notice this (showing temperature chart): the temperature shoots up on the 21st from less than the normal to 100°. True, it goes back on the following morning, but in the evening it rises once more, standing at 102°, and after that it remains a fever temperature, with evening exacerbations and morning remissions, returning thus after an apparently entire remission of the fever. Simultaneously with this we have a fresh eruption of the rose-colored spots, readily disappearing on pressure; this morning they are paler, and are evidently fading. Thus the case went on, with the evening exacerbation and morning remissions, until the second of November, since when the temperature has again resumed its normal condition. He has one large liquid stool in the day. During this relapse the stools did not increase in frequency. The resident, Dr. Wetherill, says that during this interval of comparative health the stools were much more consistent and nearly normal; afterwards the discharges became more liquid again. He does not remember whether the spots had entirely disappeared or not, but they have certainly reappeared.

The patient is now convalescent. The tongue is moist, though somewhat pale and coated; his pulse is 76. Once more the temperature has fallen; it was 97½° this morning, as indeed it was also on yesterday morning. The relapse has passed away; but has it left any evidence? Look at his nails. Those of you who are sufficiently near to see can distinguish a very characteristic ridge on the nail, which is the sign of his first attack, and which enables us to fix approximately the duration of his illness. In the course of a week or two, as the nail grows, we will be able to distinguish another transverse ridge, corresponding to the period of impaired nutrition accompanying his relapse.

Now, as regards the present condition of his heart: A very soft—not harsh, as in the preceding case, but a soft—murmur, most distinct at the left base, still exists here, but it is a blood murmur.

I want to point out in this case some peculiarities of this relapse, though I do not know that they could be called peculiarities of this relapse with so much propriety as they might be called peculiarities of any case of relapse in typhoid fever. This case shows, what? A sudden return of the fever, as determined by the thermometer, the chart presenting a zigzag tracing, with evening rise and morning decline. Is this the rule? Yes, it is. In typhoid fever relapse you have a sudden bound of the fever; it is not gradual, as in the primary attack, but it bounds into activity, at once, to a marked fever temperature. It remains at this height only for a few days, then come more marked morning remissions, with less decided evening exacerbations than we observe in the lysis of the original attack, which is beautifully shown by this temperature chart. I knew that this was a case of typhoid fever relapse before I examined the case, as I was convinced that nothing else would give this peculiar temperature record. We have also a recurrence of the eruption, a recurrence of the diarrhœa, and a recurrence of some of the nervous symptoms, for there was great tremulousness during the relapse. All these are symptoms characteristic of relapse. Lastly, it is to be noted that the spleen remained enlarged. I did not see the case at first, but observe, as a rule, that when the enlarged spleen has gone down, it swells up again in a relapse; and a very astute observer and clinical authority says that one of the indications of an impending relapse is that the spleen continues large, and that we may know that a relapse will take place, from the persistent enlargement of the spleen.

There remains nothing more to remark in connection with this case than its treatment during the relapse, which was essentially the same as the original attack. He had mineral acids and turpentine in moderate doses, and enough opium to keep the bowels under control. Quinine was given, for its tonic effect; he is only taking eight grains at present, in the twenty-four hours. We will now suspend the acid and turpentine, and will give him in place the tincture of the chloride of iron with muriatic acid.

℞. Tinc. ferri chloridi, gtts.xx
Acid. muriatici dilut., gtts.v
Syr. limonis, q.s. ad ℥j M.

Sig.—To be given, well diluted, four times daily.

We will still keep him on a liquid diet. He has been taking four ounces of wine during the relapse, which he shall continue. As yet—except it be with great care, a few stewed oysters from day to day, or a little milk toast—we will give him no solid food for the present. The iron is given with a view to its effect upon the blood, the muriatic acid, in small amount, for the febrile condition and its local influence upon the stomach. The tonic dose of quinine shall also be continued.

Death from Intracranial Hemorrhage. Autopsy. Remarks upon the Pathology of Apoplexy.

With the aid of Dr. Longstreth, the pathologist of the hospital, I will next show you a very interesting and instructive post-mortem. I had hoped to show you the patient, instead of the morbid specimen, but it was decreed otherwise. We have here exhibited to you the brain from a case of overwhelming recent apoplexy, which had been in the hospital only two days. Yet we had seen it long enough to make a diagnosis, and to do the best we could for the man, but it was evident that the pressure upon the brain was so great, from a very large extravasation, that nothing could avail for his relief.

I will first read the clinical history of the case, and will then show you what you will rarely have the opportunity of seeing—a very large recent apoplectic clot.

His name was John G., aged 67 years. His mother died of apoplexy. Patient was very temperate, and there were no previous attacks of convulsions, nor of palsy. He had considerable domestic trouble, and all the time, with this anxiety upon his mind, he had to work hard, to make both ends meet; therefore, work and worry

combined to depress him. Of his history other than this we know nothing; it was negative, for it was merely stated that he had been in good health, with the single exception of vertigo. His domestic troubles culminated six months ago, by his wife leaving him. He continued to work, alone, depressed, morose, discouraged. On the day preceding admission (November 5th) he was found by the neighbors, lying insensible on the floor, very near to the stove; the stove was red-hot, and in falling he had burnt his hand. He was insensible and comatose, with stertorous breathing; the head and neck were deeply congested; pupils contracted; mouth was drawn to one side (the right side), and finally it was noticed that he had left-sided hemiplegia; the whole left side was powerless. He was brought to the hospital in this condition. In the meantime some wet cups had been applied to the back of the neck, and when he was admitted he had so far recovered that he could put his right hand up to his face and mumble out something about headache. It was evident, from external signs, that extreme congestion existed. The temporal vessels were enlarged and tortuous, his pupils were contracted, the head and neck were a deep red color. Subsequently the pupils responded slowly to the light. There was ptosis of the left eyelid; the mouth was drawn; the left arm was, as far as could be ascertained, completely paralyzed as to motion and sensation—at all events, the patient did not seem to feel the pricking of a pin—and when lifted, it dropped powerless to his side (very different from the right arm). The left leg was occasionally moved by the patient, and reflex contractions were obtained on both sides by tickling the feet. The heart sounds were indistinct, the first particularly so; there were no murmurs. The pulse was 100, respirations 20, and the temperature only 98°, upon admission.

Now the man remained in this condition, notwithstanding all our active efforts to relieve the pressure upon his brain. We had more blood removed from the head, by leeches, but it made no change in his condition, nor did it even influence the pupils. In truth, he remained in very much the same condition, except we notice this, that he becomes delirious; he begins to pick at the bedclothes; and the temperature rises to 101°

He had the customary treatment, a blister to the back of the neck; when the heart was seen to be failing, it was temporarily relieved by hypodermic injections of digitalis. Ice had also been applied to the crown of the head, and stimulating foot baths employed; the bowels were freely moved by croton oil.

He died rather suddenly, last evening. His breathing became shorter and shorter, with a manifest delirium all day yesterday. The left leg was noticed to be moved, but the left arm not at all.

Now, you have heard the points of the history of the case. Dr. Longstreth has made the examination, and will explain it to you. Here you see the enormous fresh clot which has broken into the right hemisphere, lacerating the brain substance: but you shall hear the pathologist, who will now present his

REPORT OF THE AUTOPSY.

"In the anterior part of the right hemisphere a large extravasation is seen, which has broken into the brain substance at the anterior part of the corpus striatum on the right side, and has penetrated into the ventricles, filling the lateral and third ventricles with blood. All the remaining portions of the ventricles, including the left side of the brain, are filled with bloody serum. The brain, on section, is deeply congested, and blood-colored matter escapes from the cut surface. In looking at the vessels at the base of the brain, to determine the cause of the rupture, we find all the vessels atheromatous; the middle cerebrals, the vertebrals and carotids are all in this pathological condition. Microscopic examination also shows the vessels in this brain in an advanced state of fatty degeneration. There has been no absolute change in the brain substance, beyond that which was produced by the clot; on the other side the brain presents a normal appearance. Here you see the amount of tearing of the brain. It reaches over the entire corpus striatum, and about two-thirds of the optic thalamus, and has followed the fibres of the right crus cerebri. The cavity in the brain, on turning out the clot, is probably large enough to hold a hen's egg. The other part of the right brain is normal, excepting the congestion.

"The heart was fatty, with slight atheromatous changes in the valves, both mitral and aortic, though not sufficient to interfere with their functions. There was general atheroma of the arteries. The liver was somewhat indurated. The kidneys granular, but not extensively diseased. The lungs were congested and œdematous, making them quite heavy; the congestion was most marked on the left side; they were not in bad condition otherwise. Nothing worthy of notice was found in the other viscera."

Now, gentlemen, if you will examine this rare specimen, you will see, what you cannot forget, the characteristic lesion of apoplexy. I can do no more, this morning, than to call your attention to the correspondence between the anatomical seat of the lesion and the clinical features of the case. Want of time will prevent me from dwelling now upon interesting points of diagnosis and treatment, which I must postpone until our next meeting. I may only consider, briefly, the cause of the symptoms, as explained by the autopsy. It was very evident, during life, that we were dealing with a large extravasation. The overwhelming character of the stroke, and the complete paralysis, the contraction of the pupils, the want of action of remedies—for the pressure symptoms continued notwithstanding our active treatment—all showed us that we were dealing with a large clot. Further, it was not difficult to recognize that we had here such a complete motor paralysis of one side, that there must be somewhere a large clot in the corresponding motor area upon the opposite side of the brain. Since this is most generally the corpus striatum, it was not difficult to make the statement that the lesion involved the corpus striatum of the right side. Thus far it was evident, during life, from the peculiar symptoms.

Neither was it difficult to state, from the condi-

tion of the pulse and the heart, that there was an atheromatous condition of the vessels of the brain, which was confirmed by a distinct arcus senilis in the corneæ of both eyes. Thus far we have found nothing that we could not have predicted, and did predict. But, gentlemen, although the position of the clot and the symptoms attending the rupture are perfectly in accord, so that it will be needless to go into them in detail, yet there are some points that I will reserve for discussion at our next lecture. Why was the leg not affected as much as the arm? Did this show that the lesion was not spreading? Did it indicate that the lesion was not a central one, but principally cortical? And also we have yet to consider why the temperature rose, and what influence it had upon the prognosis? These must remain for consideration until we meet again.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY,

DR. EDWARD L. KEYES, PRESIDENT.

Penetrating Wound of Head—Recovery.

Dr. R. E. Van Gieson, of Greenpoint, presented a man who had received a penetrating wound of the head. The case was remarkable in many respects. While engaged in his business, as ship carpenter, he fell, and struck his head on a projecting spike. The head was so firmly held by the spike that it was with difficulty removed. An examination showed that it entered immediately in front of the meatus auditorius externus, and below the zygomatic process of the malar bone. A probe could be passed for over three inches, and the wound admitted the little finger. The spike was four inches in length and one-third of an inch wide. The patient said that he was able to see in both eyes immediately after the injury, but Dr. Van Gieson doubted the truth of the remark, as there was subsequent blindness in the neighboring eye. There were no cerebral symptoms following the injury. Subsequently, an opening formed between the cavity of the nose and the external wound. Dr. St. John Roosa examined the eye on the affected side, and found white atrophy of the disc.

An examination of the patient, aided by the presence of a skull and the spike, showed that the course of the wound was directly inward, at right angles to the plane of the side of the head, and not downward and forward into the antrum, as might have been expected.

Sarcoma of Lung.

Dr. Van Gieson also presented a specimen of sarcoma of lung, with the following history. A man came to him in July, with signs of pulmonary consolidation. He subsequently passed under the care of Dr. Vandewater, of Bay Shore, L. I. He was seen, however, several times, by Dr. Van Gieson, at intervals, and a diagnosis of probable sarcoma of the lung was arrived at.

The prominent symptoms were increasing consolidation at the apex, with swelling of the face and upper extremities. Death took place from exhaustion.

Autopsy.—On making the incision through the skin, a flow of milky juice came from the region of the sterno-clavicular articulation. The whole of the left lung was the seat of a sarcomatous growth, which covered the heart to a depth of about two inches.

Enterolith.

Dr. Chas. A. Leale presented an intestinal calculus, which was taken from a woman, 79 years of age. She had been, at times, the subject of attacks of bilious colic, the last of which occurred on August 20th, 1879. Subsequently she complained of pain in the region of the ilio-cæcal valve, with complete intestinal obstruction. This pain gradually extended along the course of the colon, and finally located itself in the upper part of the rectum. A bimanual examination was made, one hand being in the rectum and the other over the abdomen, when it was discovered that an invagination of the intestine existed at the sigmoid flexure. This was reduced and half a gallon of fæces removed. The obstruction soon returned, and was accompanied by violent tenesmus. The obstruction was again complete, and a week elapsed before the condition of the patient warranted another exploration of the rectum. It was then found that a hardened mass presented through the invaginated intestine at the sigmoid flexure. This was removed, and the patient passed on to recovery. The explanation of the case was that a biliary calculus passed along the small intestines, increasing in size, and eventually became engaged at the ilio-cæcal valve. The peristaltic movements caused invagination at that point, which extended along the colon as far as the sigmoid flexure. The enterolith was the size of the little finger, and was composed of a biliary calculus as a nucleus and concentric layers of stercoraceous matter. At the first examination an attempt was made to reduce the invagination by the injection of air, but without any result.

Sarcoma of Jaw—Death.

Dr. Erskine Mason presented a specimen showing sarcoma of the superior maxilla. A woman, aged twenty-four years, had an abscess of the face, of short duration, which healed two years before she came under observation. After the abscess closed she noticed a node near the cicatrix, which increased in size till she was seen by Dr. Mason. The maxilla was found to be involved in a tumor, which was suspected to be a sarcoma. The eyeball on the affected side was slightly protruded. The most urgent symptom was distressing pain, and to relieve that the whole of the maxilla was extirpated. The wound readily healed. There was relief of pain and improvement of vision of the affected eye. This continued for several months, the patient being apparently well. The tumor returned, however, and when examined it was found to have projected into the mouth. The most important symptom on the return was epistaxis. Extirpation was again practiced, with benefit, the wound healing very kindly. Exhausting hemorrhages occurred with the second return of the tumor, which resulted in death. The autopsy showed that the growth was of the spindle-celled form of sarcoma. It penetrated into the nasal

fossa, the pharynx, the orbit, and through the sphenoid bone into the middle of the skull. At no time were there any cerebral symptoms which might not readily be attributed to the exhaustion.

Lumbo-colotomy—Death after Two Years.

Dr. Joseph W. Howe presented a specimen taken from a woman, aged fifty-eight, who suffered from cancer of the rectum. The obstruction was nearly complete. Lumbo-colotomy was performed with success, the patient living for two years, and eventually dying from exhaustion due to the progress of the disease.

Lumbo-colotomy—Sudden Death after Operation.

A member of the Society reported a case of sudden death, which had occurred after the operation for lumbo-colotomy. He had been called out of the city to perform the operation. After securing the colon, and making the necessary opening, a large amount of fæces escaped from the wound. Collapse occurred, and death in seven hours.

Removal of Parotid Tumor—Death from Cellulitis.

Dr. A. C. Post presented a tumor of the parotid gland, which he had taken from a patient sixty-one years of age. The tumor had been noticed for four months, and caused severe pain; to relieve this the operation was proposed. The mass was situated behind the sterno-cleido-mastoid muscle, and closely adherent to it. Much difficulty was encountered in its removal, and it was requisite to cut several branches of the cervical plexus of nerves. The wound healed by first intention, but in a few days opened, and suppuration occurred, which extended down below the clavicle. The cellulitis was of the gangrenous form. Death took place from exhaustion in eight days.

Abnormality in the Kidneys.

Dr. S. A. Stimson presented a dead-house specimen, which he had found in a woman of seventy-five years, who died of exhaustion. There was no history. One of the kidneys weighed 6½ ounces. The other was substituted by a mass an inch and a half long. The ureter on the abnormal side ran up for six inches, then terminated in a filiform cord.

NEW YORK ACADEMY OF MEDICINE.

Diseases of Children—Catalepsy—Sarcoma of Dura Mater—Typhoid Fever—Lipoma of Back.

Dr. A. Jacobi read a report of several interesting cases that occurred in his service at Mount Sinai Hospital.

Catalepsy.

A child three years of age entered the hospital, suffering from typhoid fever. During the course of the fever true catalepsy developed. It was first noticed that the eyelids twitched, and subsequently, that when the arms were placed in any position they remained so for several minutes. The legs were less affected. If the arm was extended, it required considerable force to reduce it. There was also anæsthesia and analgesia of the extremities. There was not an entire loss of consciousness, inasmuch as when the patient was spoken to in a loud voice the arms were lowered if elevated.

The child completely recovered after the cessation of the fever.

Sarcoma of Dura Mater.

A child aged 3 years and 9 months entered hospital with a tumor of the scalp. It had notably increased in size during the previous six months. An operation was performed for removal. After cutting through a dense investing membrane and elevating the mass in part from the skull, an opening was found communicating with the cranial cavity. The tumor was found to extend within the skull, and after removing a small portion the operation was completed. Antiseptic dressings were employed, and at different times parts of the skull and tumor were removed. It was then found that the dura mater formed the floor of the tumor. Death occurred from exhaustion. The autopsy showed that the tumor was located without and within the skull, as had been made out at and after the operation.

Lipoma of Back.

A child entered with a tumor in the region of the dorsal vertebræ, the centre of which was in the median line. An operation for removal was performed. Death took place in a month, from exhaustion. Dr. Jacobi said the case was of interest, in connection with a somewhat similar case, and in regard to diagnosis. A child was brought to his clinic at the College of Physicians and Surgeons, with what he considered to be spina bifida. It was subsequently operated on by a physician who had charge of the patient. A lipoma was discovered, and in the removal of the lipoma spina bifida was found situated beneath. The sac was opened during the operation, and the child died next day.

Typhoid Fever.

Many cases of typhoid fever had been treated. Dr. Jacobi said that it was not infrequent for cases of typhoid, in young children, to pass through their course without being detected. If the parents were careless, they would suppose that the sickness was of no special importance, and moreover, the attendant might consider that he was dealing with some of the gastro-intestinal diseases of children, or undefined form of fever. Diarrhœa was not a reliable guide, and in proof of his statement, Dr. Jacobi presented a specimen showing perforation, which had been taken from a young patient that died in his wards, at Bellevue Hospital, of typhoid fever. There was no diarrhœa during the course of the disease.

——The Regulations for the Government of the U. S. Marine Hospital Service form a pamphlet of 145 pages. They set forth in full the nature and objects of the service, the mode of entering it, the duties and responsibilities of officers, and its relation to the marine and quarantine regulations of cities.

EDITORIAL DEPARTMENT.

PERISCOPE.

Myxœdema, or General Mucoid Degeneration.

A singular case was presented by Dr. Dyce Duckworth, before a late meeting of the Clinical Society, of London. It was as follows:—

S. M., aged 34, married for ten years, mother of three children, came to St. Bartholomew's Hospital in November, 1878, complaining of weakness and of failing health for two years previously. She first observed that her eyelids and face swelled; subsequently swelling was noticed generally about the body. Her voice had become altered and thick. A sister who accompanied the patient stated that her manner had become altered, and her temper more sullen and irritable, since her ailment began. Indeed, some of her friends believed, in consequence, that she had become intemperate in her habits. She was a well-grown woman, of large build, but had lost two stone in weight during the previous eighteen months. Her face was of peculiar aspect, and she wore a listless expression. The complexion was waxy, with some clear redness over the malar bones, and there were several moles about the chin and cheeks. The eyelids were puffy and œdematous, having the aspect so common in chronic forms of tubal nephritis. The hands were clumsy-looking and seemingly swollen about the backs, but no dints could be made in them. It was alleged that they felt numb and sleepy at times. There was no appreciable change in common sensibility, and pins could be readily picked up. On examination some general condition of xeroderma was found on the limbs more especially, but no ordinary œdema. The first impression in this case was that there was some form of chronic nephritis present, which would explain both the physiognomical aspect and the obvious swellings. The urine was found to be quite void of albumen, of sp. gr. 1.010, acid in reaction. The heart was natural. The tongue was clean, and protruded naturally. The uvula was observed to be swollen and œdematous-looking. Appetite good; bowels usually constipated. The case was now regarded as one of that peculiar form of disorder described so well, and termed, by Dr. Ord, as "myxœdema," and other like instances of the disease were recalled to memory which had not been satisfactorily diagnosticated. The family history afforded no clue to the nature of the case. The children were healthy, with the exception of the youngest, which was very rickety. The treatment consisted mainly of steel and cod-liver oil. On subsequent examinations the disorder was found to be making progress. The thyroid gland could not be felt, and a fatty cushion was found in the left supra-clavicular fossa. The face became more waxy and puffy, and the voice more slow and snuffling. The urine never was albuminous. The patient's manner was more sullen and reserved, and she was shy and resentful of clinical examination. Dr. Ord saw this case six months ago, and confirmed the opinion formed respecting it. It added one more to a series which have been, and still are, receiving careful study, and about which no doubt as to their true nature can now be entertained. Occurring only, so far as known at present, in the persons of women about middle life, the varying symptoms appear to be due to a gradually-spreading mucoid degeneration of the inter-cellular tissue throughout the body, which thus shuts off full and prompt appreciation of peripheral and other nervous impressions.

A Glycerite of Iron Subsulphate.

Mr. L. E. Sayre, PH.G., observes, in the *American Journal of Pharmacy*, November, that a liquid preparation of Monsel's salt, free from acid or irritating properties, bearing a definite and easily recollected ratio of strength to the salt in question, with a basis of glycerin or some other liquid as capable of permeating tissue, is one of the pharmaceutical wants of the present time. That such a preparation would be appreciated by the medical practitioner needs no argument. To be convinced of this it is only necessary to note the frequency with which preparations of various strengths of the substance in question are prescribed to be compounded extemporaneously.

A glycerite containing fifty per cent., by weight, of the salt furnishes, perhaps, the most convenient form, and furthermore, one which possesses qualities which render such a standard of strength most desirable.

The process adopted for its manufacture consists in first preparing a solution of the subsulphate, following the directions of the Pharmacopœia for the solution; this is evaporated in a tared capsule, at a moderate temperature, until a thick viscid liquid is obtained; this is then diluted with a sufficient quantity of glycerin to produce a solution of the above percentage. In order to use this process the quantity of dry subsulphate of iron in the officinal solution must be known. By careful experiment it has been found to contain 47 per cent. The use of weight instead of measure, in the formula, is suggested by the writer as being easier and apt to secure more accurate manipulation.

The following process is recommended, the finished glycerite measuring about twelve fluid ounces, the quantity directed by the U. S. Pharmacopœia for the solution:—

Take of liquor ferri subsulphatis 6.127 grains, evaporate to 3.963 grains, continue the heat and add glycerin sufficient to make the weight, 5.760 grains.

This furnishes the easily recollected percentage of dry salt, half its weight being Monsel's salt, each fluid drachm representing about 50 grains of subsulphate of iron—in exact figures 51.08 grains.

It can readily be diluted to any extent without destroying its transparency, either by water or glycerin, and in this respect furnishes, for com-

pounding, an article much superior to the dry salt of commerce. Its viscidity renders it of that plastic character so very advantageous where the application is intended to remain upon the surface of the affected part, and in addition to the styptic effect of the iron salt, the glycerin exercises its emollient properties in many ways, and particularly in preventing the formation of the irritating clots and crusts peculiar to the salt itself or its solution.

How to Test Chloroform.

The chemist, Regnauld, gives these directions for testing chloroform: Pour some of it on bibulous paper folded several times, and when nearly all evaporated, observe the odor. Pure chloroform retains its mild, pleasant smell to the very last, leaving the paper dry and odorless; whereas an impure article emits a disagreeable odor, partly nauseating, partly acrid, while the paper remains somewhat moist. Chloroform of this latter description must be rejected for inhaling. 2. Free hydrochloric acid is indicated by turbidity caused by silver nitrate, or when litmus paper is turned red. But in the presence of uncombined chlorine the test paper becomes decolorized. 3. Into a test tube place some potassium hydrate and a few drops of water. Then add one or two ccm. of chloroform and heat to ebullition. A yellow or brown coloration indicates aldehyde. 4. Shake together, in a test tube, equal volumes of chloroform and colorless concentrated sulphuric acid, and allow the liquids to separate. They should remain colorless. If they assume a brown or brownish-red hue, chlorinated derivatives of propylic, butylic and amylic alcohols are probably present. 5. The boiling point of pure chloroform is 60.8° C., at a barometric pressure of 0.760. When the liquid boils below this point, sulphuric ether is present; and if later on it exceeds the point, it is contaminated with other chlorine compounds. 6. C. Remy has recently fixed the specific gravity of pure chloroform at 1.500 at 15° C.

Herpes from Syphilitic Infection.

A case of this nature was brought before Mr. Hutchinson, at the London Hospital, last month. In speaking of it, he said:—

On examining the eruption closely, it was seen that in some places there were distinct and prominent scabs; the eruption here had evidently taken an ulcerative action, and approached in some little degree to the characters of rupia. The skin where the eruption had departed was of a dusky red color, and presented here and there a faintly depressed scar, showing that there had been a loss of tissue. It was ascertained the man had had undoubted syphilis; in fact, he had a large periosteal node on the forehead at the moment. On this account, but still more from certain peculiarities of the eruption itself, Mr. Hutchinson said he was of opinion that this was a case of syphilitic herpes, and as such a very rare affection.

"Herpes," Mr. Hutchison went on to say, "is, as is well known, a skin disease of nerve origin. It is produced through some particular nerve influence, and having regard, therefore, to its origin, we must consider the present case, not as an example of common herpes, occurring in a syphilitic patient, and so, possibly, somewhat modified by that disorder, but as a case where the poison of syphilis has caused such nerve change as to bring about this eruption. The action of syphilis in this case is through the nervous system, and the eruption must be considered as an expression of some syphilitic disturbance of nerve. Thus we see syphilis as an imitator of typical skin eruptions, and as I have often stated, it rarely, very rarely, imitates herpes. I consider this eruption to be the syphilitic form of herpes on the following grounds: The man is syphilitic. The skin disease persists—it has persisted for nine months, with a recurrence of eruption during that time, whereas common herpes tends to spontaneous cure, as do all skin affections that have their origin in the nervous system. It is most rare, too, for common shingles to persist for so long a period as nine months. It is true that it is sometimes very tardy in its disappearance, but, I think, never to such a degree as obtains in this instance. The scar left here and there by the clearing up of the eruption is depressed, distinct, and of a dusky-red color. The eruption is, at places, almost rupial. Finally, there is one feature about the case that makes it, as a case of syphilitic herpes, very peculiar. Syphilitic herpes is nearly always symmetrical on both sides of the body, but in the present instance the eruption appeared on one side only, the right chest being perfectly intact. The case, therefore, must be regarded as extremely unusual."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. J. J. Henna, in a reprint sent us, reports a typical case of true spasmodic stricture of the œsophagus.

——The "Chemists' and Druggists' Diary for 1880," issued by the English periodical of like name, is full of points for the apothecary in this country as well as that.

——Practical instructions to the public on the limitation and prevention of diphtheria have been written by Dr. R. L. Payne, of the North Carolina Board of Health. Their dissemination is needed, and will be beneficial.

——Dr. P. D. Keyser, in a reprint before us, reports the results of an examination of railroad men for color blindness. He does not think the fuchsin disks alleged to correct this defect can be successfully used for railroad employees.

——Those surgeons interested in radical operations for the cure of hernia should write to Dr. Henry O. Marcy, Cambridge, Mass., for a copy

of his paper on the antiseptic use of the carbolized catgut ligature in this operation.

——Among recently published cases of interest, two of excision of the rectum, and eight of uterine fibroids, by Dr. A. Van Derveer, of Albany, New York, merit mention. Reprints describing them may be had by addressing him.

——Under the title "Contributions to the Physiology and Pathology of the Nervous System, Part I," Dr. Isaac Ott, of Easton, Pa., has a neat pamphlet, giving his observations on the spinal cord, the optic thalami, corpora quadrigemina and hypnotism. His studies have been thorough, and his results noteworthy. For copies address the author.

——The Chicago *Medical Gazette*, edited by Dr. E. B. Dudley, has appeared in a first number, for January. It is to be a monthly, and promises well so far as contents are concerned, but in the technical matter of typographical display the editor or printer, or whoever took charge of that branch, might easily have done better.

——A prettily printed, well prepared, and to the historian, interesting book, entitled, "Early Medical Chicago," appears from the pen of Dr. James Nevin Hyde (Fergus Printing Co., Chicago, pp. 78). It gives a historical sketch of the first practitioners of medicine, with the present faculties and graduates of the medical colleges. There are engravings on steel of several of the notable ones, pictures of the colleges, and a well written historical sketch of the early times.

——Dr. W. H. Geddings, of Aiken, South Carolina, forwards a report of 31 cases of phthisis treated at that health resort during the season 1878-79. They were all under his care more than a month. 19 out of the 31 more or less improved; 4 seemed to be quite restored; 5 were stationary; 8 grew worse. He advises invalids to visit Aiken early in the winter, as after the warm weather of spring begins patients do not do so well there.

——A chart has been sent us, entitled, "A Guide to the Diagnosis of Cardiac Diseases." The title claims too much, as there are a number of diseases not considered, as functional and various acute heart affections; important facts are omitted, as the changes in the shape and size of the chest; and there is an absence of differential notations, as, for instance, the murmurs due to endocardial roughness, and to some inorganic causes. It must be pronounced an incomplete exhibition of the subject.

——The first fasciculus of the Atlas of Anatomy, published by A. E. Wilde & Co., of Cincinnati, under the editorship of Dr. J. A. Jeançon, who supplies the explanatory texts, has appeared. It is from the plates of Œsterreicher and Erdl, and the impressions are of such size and so well displayed, that they will not fail to prove of great service, either to the student or to the practitioner who wishes to keep his anatomical knowledge fresh in his mind—which every practitioner ought to do, and the small minority actually accomplish. By means of a postal card to the publishers, a circular with full particulars of the publication may be had.

——Prof. Wm. T. Harris, L.L.D., of St. Louis, has, in a recent lecture, cogently advocated the training of the young in the "dead languages." We call attention to his admirable presentation of the subject—which may be had in pamphlet form by addressing him—as so entirely consonant in spirit with those great masters of physical science, Baron Von Liebig and Prof. Virchow, whose opinions we recently quoted (see REPORTER, vol. xli, page 434). The same subject is ably presented by Dr. Lewis A. Steiner, in his address as President of the Academy of Medicine, at its last meeting. His words are worth reading, and a copy of his address can, doubtless, be had of the author, at Frederick, Maryland.

——We thank Senator A. T. Goodwin, of New York, for a copy of his Report on Lunatic Asylums, which he presented to the New York Senate, in answer, so to speak, to the Hammond-Seguin memorial, praying that the asylums be investigated. We have read the report attentively, and must say, as an unbiased reader, that the Senator and his committee drew freely from the arts of the forum to render the appointment of such a committee impossible and absurd. Meanwhile, Dr. Seguin, in the *Archives of Medicine*, is heaping up proof that it was urgently needed. As for the gentlemen who signed the petition, and when they found it was unpopular in certain quarters tried to deny or explain away their action, their position is singularly pitiable.

——In June, 1879, the District Medical Society for the County of Burlington held its semi-centennial anniversary. A pamphlet of 34 pages, containing addresses by Drs. R. H. Page, Joseph Parrish and others, and a neat photograph of Dr. Charles Ellis, celebrates the occasion. We quote from it one paragraph of interest to the historian of medical periodical literature:—

"In 1848 the *New Jersey Medical Reporter* was originated and conducted by one of our members, as the first effort at medical journalism in the State. It soon came into favorable notice, its subscription list increased rapidly, and on the recommendation of this Society the State Medical Society adopted it as a medium for publishing its transactions, and as endorsement of its authority furnished the imprint of its seal for the title page. As you know, the journal is still in existence, under a modified title, being published in Philadelphia, and is reported to have as large a circulation as any medical journal on the continent."

BOOK NOTICES.

Transactions of the Medical Society of the State of Pennsylvania, for 1879. pp. 520-999.

Transactions of the Illinois State Medical Society, for 1879. pp. 302.

Transactions of the Mississippi State Medical Association, for 1879. pp. 209.

Some uniformity in the official names of State medical societies, as well as in their manner of publishing and paging their proceedings, could be wished. The publication of county reports is only attempted by the Pennsylvania State Society, though under a report on Practical Medicine something like it is offered by Dr. George W. Jones, in the Illinois Transactions.

Besides the county reports, several of which are quite complete, the Pennsylvania volume has a number of papers on medical and surgical questions, to which we have referred in our report of the meeting, at the time it took place. Papers on sanitary and medico-legal matters occupy considerable space in the volume from Illinois, and what the writers say deserves to be perused attentively by students of those branches, as all physicians ought to be of the first, and often unwillingly have to be of the second. The principal topics of the scientific papers in the Mississippi volume relate to yellow and malarial fevers, and local springs and remedies; about a hundred pages are filled with the papers read before the meeting.

The Pathology and Treatment of Venereal Diseases. By Freeman J. Bumstead, M.D. Fourth edition, enlarged and revised by the author and by Robert W. Taylor, A.M., M.D., etc. Philadelphia, H. C. Lea, 1879.

But a few weeks ago we chronicled the death of the author of this standard treatise, at a comparatively early age. His experience in the specialty with which he was principally concerned was extensive, and his work has the great merit of presenting, in a remarkably clear and well-arranged manner, the results of his reading and observation. It is true that he still maintains theories now not nearly so prevalent as they were a score of years ago—the duality of the syphilitic virus, for example—but this apart, his text is an excellent guide for the practical physician.

The book is divided into three parts, treating respectively of gonorrhœa, the chancroid and syphilis, the last mentioned occupying about one-half of the whole 820 pages. As he remarks in the preface, the recent contributions to the literature of these subjects have been extremely numerous and important, so much so that, as a specialty, it has become subdivided into a series of minor specialties, each of which has literature enough to occupy a good share of one's time in its perusal. From this mass of matter to present a succinct epitome was no little labor, and obliged a considerable increase in the contents of the volume. It has been done, and well done, and those who would find the list of recent syphilology in a form at once compact, will do well to possess themselves of a copy of this fourth edition.

Paracentesis of the Pericardium. A Consideration of the Surgical Treatment of Pericardial Effusions. By John B. Roberts, A.M., M.D., etc. With illustrations. Philadelphia, J. B. Lippincott & Co., 1880. pp. 100. Price $1.25.

In this monograph, Dr. Roberts begins by distinguishing pericardial effusion *post-mortem* from that which has taken place during life. The causes of the latter and the character and quantity of the fluid effused are then set forth. The symptoms, signs, diagnosis and general treatment having been rapidly but clearly expressed, he gives his principal attention to the operations for the removal of the fluid, the points of preference for the puncture, the dangers surrounding the operation, their avoidance and the treatment of complications. The volume ends with a table of cases and their results. His conclusion is that where there has not been other serious disease complicating the effusion, the mortality has been not quite 25 per cent., which is a very fair showing. The monograph is one we can heartily commend, both in the thoroughness of study the author evinces, and in the fairness of his discussion of debated points.

THE

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D. G. BRINTON, M.D., EDITOR.

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A RETROSPECT OF 1879.

With this number we extend to all readers and subscribers the greetings and good wishes which an honored custom dictates. And while thus we look to the future, we would not let the opportunity pass to recall for a few minutes what the year just closed has enabled us to lay before them in the way of original research and new light on the subjects to which this journal is devoted. While giving a rapid retrospect of the most prominent contributions to our pages, we do not pretend to mention all, and must leave a number worthy of remark to be looked for by the careful reader himself.

In the branch of general, State and preventive medicine, we need hardly recall the ingenious and beautiful description of *Salutland*, which was so lately sent us by Dr. B. W. RICHARDSON, of London. As a contrast to that, may be mentioned the curious observations of Dr. W. J. HOFFMAN, on the practice of medicine and surgery by the aboriginal races of the southwestern United States (Feb. 22d). Connected with the general subjects of prophylaxis and sanitation, the study of family hereditary taints, by Dr. SAMUEL PETERS (Aug. 30th), is full of information, and the project of sub-earth ventilation, as explained by Mr. J. WILKINSON, C.E., merits close reading. The germ theory and disease germs are discussed intelligently by Dr. C. T. REBER (July 26th), and in the articles by Dr. P. J. FARNSWORTH, on meteorology and epidemics (April 19th), and by Dr. J. J. FLY, on the relations of telluric and meteorological conditions to the production of malarial fevers (Nov. 8th), we have the observations of careful observers presented in a lucid manner. For the general subject of the statistical study of disease and death in their relation to metorological and cosmical changes, certainly no articles have appeared in the medical journals of either continent more solidly instructive than a series given in the REPORTER, from the pen of Dr. T. S. SOZINSKEY, PH.D., of this city. They embrace investigations into premature human mortality, (Jan. 25th), sex and the causes of mortality, (March 15th), season and the mortality of either sex (April 26th), the relations of age and the seasonal death rate (August 9th), and on atmospheric therapeutics (Sept. 27th). These articles are based on a conscientious study of reliable vital statistics, and should be read in connection with each other, in order to catch the full significance of the written analyses.

Passing to the domain of practical medicine, the articles by Dr. FRANK WOODBURY, on idiopathic erysipelas (April 5) and on cholera infantum, with special reference to its causation (Aug. 30), distinguish themselves by the evidence of wide research they present. The latter disease is also ably presented in some of its forms by Dr. H. R. BIGELOW (Nov. 1), and is touched upon by Dr. VIRGIL O. HARDIN, in a communication on the artificial foods for infants now in vogue (Oct. 25). The digestive organs and their diseases have, in fact, received attention from a number of writers. The lectures in experimental physiology, with special reference to that of the digestive system, by Dr. ROBERT MEADE SMITH, were commenced last winter and have been inserted

from time to time with ample original illustrations. Nor will the reader forget Dr. J. M. KEATING'S paper on flatulence as a symptom of dyspepsia (Oct. 18), and that of Dr. J. T. ESKRIDGE, on functional disorders in digestion physiologically and clinically considered (June 14). The notes of Dr. J. A. HENNING, on the appearance of the tongue in disease (Aug. 2), have been extensively copied in this and foreign countries, and the cases of hepatic abscess reported by Dr. W. H. CURTISS have been also widely quoted as supporting the views advanced by Dr. W. A. HAMMOND on this debated subject. The important topic of relapse in typhoid fever was ably discussed by Dr. WILLIAM PEPPER (Nov. 1); and on scarlet fever there appeared a suggestive article on its treatment and prophylaxis, by a new method, by Dr. J. R. BLACK (March 8); on the value of inunction as a plan of treatment and prophylaxis, by Dr. J. R. WALKER (Aug. 23), and a description of a local epidemic, by Dr. L. N. DAVIS (July 12). Its equally dreaded associate, diphtheria, has received repeated attention from contributors, notably by Dr. J. L. HILL (May 10), and others. Yellow fever has been presented by an expert, in the person of Dr. GREENSVILLE DOWELL (Aug. 16), and by a close observer, in Dr. FREDERICK HORNER (March 29).

The field of diseases of the nervous system has been cultivated by Dr. HUGO ENGEL, in some novel observations on metalloscopy and metallotherapy (March 29), by Dr. W. O. STILLMAN, in a thorough discussion of neurasthenia (May 10), and by Dr. T. D. CROTHERS, who, in his excellent studies of inebriety (January 25, July 19 and September 27), vindicates for this vice, as it is sometimes called, a position among the true neuroses.

The investigation into the properties of new remedies and novel preparations has always been favored by the REPORTER, and within the last year, besides the ample quotations from other authorities, we have been able to present original articles on asparagin, by Dr. MARY J. MATLACK; on euonymus purpureus, by Dr. J. R. BLACK; on yerba santa, by Dr. J. C. WILSON; on belladonna in children's diseases, by Dr. C. H. HALL; on morphia in its hypodermic uses, by Dr. D. M. BARR, and others. In the subject of toxicology, the papers by Mr. J. PALMER, on mushroom poisoning, by Dr. L. J. ALEXANDER, on nicotine amaurosis, and by Dr. JOHN MORRIS on ergot in its medico-legal relations, contain striking observations.

Surgery has been diligently cultivated. The articles of Dr. REUBEN A. VANCE on lithotrity and inversion of the bladder (April, February), have justly excited wide comment. Those by Dr. J. S. WIGHT on fracture of the leg (May 31), and on the fractured skull of a suicide, are models of close observation. Dr. G. H. BOYLAND'S suggestions for the antiseptic treatment of wounds (July 26), and those of Dr. H. L. GETZ for the treatment of amputations where suppuration of the flaps has occurred (August 2), can both be read with profit. Diseases of the eye and ear have been represented by Dr. P. D. KEYSER, in a paper on eye affections resulting from reflex irritation (March 8), by Dr. MAX LANDESBERG on the therapeutic uses of duboisia in eye diseases (November 29), by Dr. C. S. TURNBULL on diseases of the middle ear (August 23), and by Dr. L. TURNBULL on aural therapeutics (Aug. 2).

The relief of hernia has been presented in several forms, as by tearing or stretching the abdominal rings, as advocated by Dr. J. W. YOUNG (Oct. 18), by injection, as referred to in an article by Dr. J. H. WARREN (Dec. 13), and by a new enterotome and plastic operation, as described by Dr. WM. A. BYRD.

Other surgical papers requiring mention are one by Dr. R. S. SUTTON, on the treatment of anal fissure (June 7); on the physiological cure of hemorrhoids (Feb. 15), by Dr. J. T. EVERETT; on chloral in traumatic tetanus, by Dr. WILLIAM READ (March 1); on the treatment of spinal disease, by Dr. E. H. COOVER (Oct. 11); on galvanism in the treatment of stricture and gleet, by Dr. O. E. HERRICK, etc.

In obstetrics and gynecology, the "Thoughts on Midwifery," from the pen of the veteran Dr. HIRAM CORSON, published early in the year, ex-

cited much comment. The topic of puerperal metritis was discussed by Dr. E. E. MONTGOMERY (July 12); a case of extra-uterine fœtation, with unusual features, was reported by Dr. GEO. E. FUNDENBERG (March 22). A successful case of ovariotomy was related by Dr. A. R. SMART (May 24); a case of molar pregnancy, by Dr. O. E. HERRICK (Sept. 13), and a number of other reports, might be specified.

We have left ourselves no room to refer to Dr. A. VON MANSFELDE'S interesting theory of sex production (Nov. 15), nor to a number of other articles we had marked as worthy of special reference. But those already enumerated will certainly be sufficient to show how diversified is the field we cover, and how rich in information have been the numbers of the past year. For let it be remembered we have not included the departments of correspondence, hospital reports, societies, etc., but merely that of original communications. It shall be our endeavor in the future to serve up a still more bountiful repast to our readers.

NOTES AND COMMENTS.

Therapeutical Notes.

ROSACEA OF THE FACE.

For a number of years M. Hillairet has practiced a routine treatment of this disease, with excellent success (*Annales de Dermatol.*). Wash the face several times with very warm water, then—

℞. Sulphuris sublim., ℥ j
Tinct. camphoræ, ℥ ij–iv
Etheris sulphurici, ℥ j
Aquam, ad ℥ viij. M.

Bathe the face at night with this and let it dry on. In the morning wash and apply—

℞. Zinci oxidi, ℥ ss–j
Unguenti petrolei, ℥ j.

Improvement begins in a week, but the treatment should be continued several months.

QUININE IN PERNICIOUS INTERMITTENTS.

In a paper by Dr. H. Lite, of Brazil, translated in the Chicago *Medical Journal and Examiner*, that practitioner recommends frictions of quinine ointment over the spine, the groins and the axillæ, and enemata containing it, as well as about 150 grains daily, by the mouth. No doubt but that in malignant intermittents this heroic treatment offers the only hope.

DIPHTHERIA MIXTURE.

Dr. J. D. Frickelton sends to the *Canadian Journal of Medical Science* a combination which he says he has used for twenty years in diphtheria, and "never lost a patient." It does not strike us as very new, but on this statement we quote it:—

℞. Potassii chloratis, ℥ j.
Acidi hydrochlor, diluti., ℥ ij
Tinct. ferri muriat., ℥ iij
Aquæ, destill., ℥ xij.

Dissolve, mix and filter.

Dose, a teaspoonful every three hours, no fluid to be taken within fifteen minutes after. In very severe cases he uses one part tinct. ferri and two parts of the above, to swab the tonsils and throat until the patient can speak. If the fever is very high he adds a few drops tincture aconite to each dose.

Leprosy in the United States.

Referring to our editorial on this disease (REPORTER, October 25th), the New York *Medical Journal* remarks, as to the United States, that the danger "is probably a very remote one." A lecture by Dr. James Nevin Hyde, in the December number of the *Chicago Medical Journal and Examiner*, states six leprous patients have been already received in Chicago. It appears, also, that one of them is an instance of hereditary leprosy, the first known in that region (not at all "on American soil", as Dr. Hyde says). As to leprosy in California, Dr. Henry Gibbons says, in the Pacific *Medical and Surgical Journal*, November, 1879: From the settlement of California, thirty years ago, and the immigration of the Chinese at the same period, individual cases have been observed among the latter. But no disposition of the disease to extend itself has been manifested, and it is a question whether a single case of genuine leprosy has been known in a Caucasian subject during that time. Certainly there is no proof that any white person has contracted the disease from a Chinese leper.

On Corneal Transplantation.

In an article in the *Medical Times and Gazette*, Dr. J. R. Wolfe says on this subject he has reached certain conclusions, which may be stated as follows:—

1. The cornea can maintain its vitality and transparency when transplanted from one place to another, but to be successful it must be taken from a freshly enucleated human eye.

2. All the incisions in the cornea must be

clean, as any tearing is likely to lead to suppuration, and the measurements of the graft, etc., must be exact.

8. It must be done in such a manner as not to damage the subjacent structures. This is absolutely impossible if we attempt the transplantation of the whole cornea, because as soon as we remove it the lens and vitreous come out, bleeding follows, and loss of vision is inevitable, even if we secure corneal transparency. But the removal of the whole cornea is not necessary, and the chances of maintaining its vitality decreases in proportion to its extent. Hence, if we aim at the restoration of sight by transplanting a transparent cornea, we must content ourselves with a small corneal graft, removed along with conjunctival bands, which not only assist to keep it in position, but also by their adhesion afford it a chance of preserving its vitality, even if we do not get immediate union between the corneal edges.

He has devised and describes instruments to accomplish these aims.

On Writing and Keeping a Record of Prescriptions.

Some years ago a patient died in New York city from the effects of a dose of medicine. At the inquest the original prescription was produced by the druggist, and it was obviously poisonous. The attending physician swore that he never wrote such a prescription. It was written with a lead pencil, and the name of one ingredient had, on close inspection, plainly been erased and rewritten, or another one substituted. The probable solution was that the druggist, in order to shield a mistake of his own, had, as soon as he discovered it, altered the prescription. Yet the suspicion of gross carelessness clung to the medical man, and could not but interfere with his advancement.

The moral of this true story is that a physician should always write his prescriptions in ink, which he can now do with the utmost convenience, by means of the Mackinnon pen (which we continue to find a most satisfactory invention); or else, keep a copy of every prescription, which he can do with the greatest facility, by means of the Anderson Self-copying Prescription Record.

Many other advantages besides this one of security will be derived from keeping a record of prescriptions; no one can follow the history of a case correctly unless he does so; when a patient wants the same medicine, he is promptly supplied it; the effects of drugs and doses can be studied only thus, etc.

On Fibroid Phthisis.

In a discussion on the early signs of phthisis, at the Medical Society of Kings County, New York, it was observed that the clinical history of this form of the disease, in its early history, is quite characteristic: 1st, It is, as a rule (excepting the primary pleuritic inflammation), a non-febrile affection. It is essentially chronic in character, the general health at first being but little disturbed; and 2d, In a very large proportion of cases (ninety-nine in a hundred) it is a unilateral affection; while tubercular phthisis is almost invariably, sooner or later, bilateral. When it results from pleurisy, which is, perhaps, the most common cause, the physical signs are "soft, tearing, crepitant and sub-crepitant râles, near the ear, often present without any expectoration or cough, and heard in the same place from day to day."

These extra pulmonary râles are frequently mistaken for intra-pulmonary sub-mucous and sub-crepitant râles; they are certainly remarkably similar, and it requires a skillfully-trained ear to separate the one from the other. They may be distinguished, however, by their marked superficial character—they are heard directly beneath the ear; moreover, they are not changed in character or location by the expectoration or coughing of the patient.

Balsamum Antarthriticum Indicum.

A substance with this name has, during the last two or three years, been introduced into Germany, as a very valuable remedy in acute and chronic muscular and articular rheumatism. It is used as an inunction, and greatly aids, according to Dr. Von Hölder, of Stuttgart, the action of salicylic acid. He has also employed it most advantageously in connection with massage in that troublesome complaint, arthritis deformans. His report was contained in the Berlin *Klin. Wochenschrift* (No. 26, 1878); but in the same journal (No. 46, 1878) a pharmacist of Frankfurt, Dr. Hirsch, claimed that this balsam, alleged by Von Hölder to be obtained from a tropical leguminous plant, was, in fact, nothing but an oily product, obtained by distilling the resin of the spruce pine, with, perhaps, some unimportant admixture. Now, however, Dr. Mathes, of Frankfurt, (*Memorabilien*, June, 1879), claims to have proven that the said balsam is a product of the *Eperva falcata*, a tree of French Guiana, and that the observations before referred to, as to its virtue in rheumatism, have been amply verified by numerous and accurate observations of his own.

Some Points about Scarlet Fever.

In a discussion on this disease, at the Richmond Academy of Medicine, reported in the *Virginia Medical Monthly*, Dr. Ross reported good results from the use of sulpho-carbolate of soda to prevent scarlet fever. He used it in eight families, the first and original case being the only one in the respective families to have the disease.

Dr. J. S. Wellford has noticed that in many families where the four or six or more children would have the fever, the nursing baby would escape.

The President, Dr. M. L. James, on the authority of Dr. John G. Skelton, reported two cases of scarlet fever occurring in persons aged respectively 75 and 77 years.

The Doctor also reported that in the last five cases of scarlet fever he had treated, the disease, although occurring in families with large numbers of children, had not extended beyond the first case in each family. He had the houses carefully disinfected, especially by every available means of ventilation, and careful isolation of the patients. He believes the poison of scarlet fever communicable at only short distances.

Hydrofluoric Acid Inhalations in Diphtheria.

Henri Bergeron has read a paper before the Société de Médicine on the above method of treating diphtheria. He has tried it in twenty-four cases, out of which seventeen were severe, and he has had five deaths, four of these being infants. The dose he has found suitable is one gram for each cubic meter which the apartment contains, evaporated in the space of three hours. He claims (1) that the inhalations thus given have never produced injurious results. (2) All who had been submitted to this treatment for forty-eight hours were cured. (3) The false membranes do not persist beyond the fifth day. (4) In no case has he observed paralysis supervene in the soft palate or elsewhere. (5) No case of contagion has occurred among the attendants or the household.

Proprietary Medicines in Germany.

The sale of patent and secret nostrums stands prohibited on the statute books of the German Empire, but the law is a dead letter. The veteran chemist, Prof. Hager, explains the matter thus, in a letter to a friend in Chicago, published in the *Pharmacist and Chemist*, of that city:—

"In Germany the traffic in proprietary medicines is prohibited by law, but continues to flourish in spite of the same, because any person can undertake to heal the sick as long as he refrains from acting as a licensed practitioner; and it is these people who are privately distributing their nostrums, being very seldom brought to account.

"Our laws are framed by the House of Representatives, composed of men who generally know very little of practical life, but who are ever riding principles. Let me instance the so-called Progressive party, of which I was a member myself at one time, which clings to its principles in a manner bordering on lunacy."

Artificial Vanillin and its Properties

That artificial vanillin is not poisonous seems well established by experiments on himself, related by Mr. L. Wolfe, in the *American Journal of Pharmacy*, December, 1879. He took it in grain doses without experiencing any notable effect. He concludes by stating that among the many uses of artificial vanillin in pharmacy, he has found it most serviceable in preparing the "trochisci potassii chloratis" of the Pharmacopœia, which it leaves beautifully white and of a prominent and agreeable taste of vanilla; and he gives this formula for them as employed by him:—

℞.	Potassium chlorate,	lbs. iv
	Powdered sugar,	lbs. xvj
	Vanillin,	grs. xv.

Mucilage of acacia *q. s.* to make into a mass, which is to be divided into lozenges of 25 grains each.

Morphia in Pulmonary and Cardiac Disease.

A strong plea for the use of morphia in certain pulmonary and cardiac diseases appears in a Paris paper, from the pen of Dr. Henri Huchard. He believes that this alkaloid is not only a remedy in sudden attacks of asthma with great orthopnœa and but little chronic pulmonary mischief, but it is also of use to alleviate in a very short time an old and organic state of the lung. Great benefit is derived from its employment in cardiac pseudasthma, in uræmic dyspnœa and in the last stage of phthisis. In every case the morphia seems to act by alleviating the cerebral anæmia, and the lesions of the medulla. It plays an important part in the therapeutics of heart disease, as has already been demonstrated by M. Huchard, who sums up his previous results in the statement that morphia is to aortic diseases what digitalis is to mitral affections. The morphia must be administered subcutaneously in dyspnœa, and the injections may

be given without any fear of morphinism. M. Huchard believes that morphia causes respiration, and that this eupnœic action is apart from its narcotic effect. In any case his results are readily verified in everyday practice.

French Views of Syphilis.

A French journal, *L'Année Médicale*, of Caen, has, in its last few issues, had some excellent lectures on syphilis, by Dr. Denis-Dumont, surgeon-in-chief of the Hôtel-Dieu, of that city. In concluding his last one, he says: "These three conclusions contain the result of our study of syphilis—a *unity* of origin of all syphilitic maladies; the *incurability* of the disease, when the immense variety of its effects is considered; and as a logical consequence an indefinite *continuance* of treatment, with occasional interruptions."

These discouraging views, we believe, are those now generally prevalent in France. They are forced upon surgeons by constant discoveries of hitherto unobserved connections of pathological changes with previous syphilitic poisoning; and, probably, those discoveries are by no means complete.

Effects of Forests on Climate.

This interesting subject, closely allied to many sanitary inquiries, is of especial importance in this country, where we have no forest laws.

The meteorological observations of Messrs. Fautrat and Mathieu show that the influence of coniferous trees upon the distribution of rain is twice as great as that of the angiosperms. Pine forests are especially serviceable in the protection of springs and in the prevention of heavy showers and water-spouts. The circulation of air, on account of the differences of temperature above and under the trees, the condensation of vapor, and the cooling influences upon the atmosphere, tend to produce a uniformity of climate similar to that of the seashore.

Relation of the Liver to Pulmonary Disease.

In the New York *Medical Journal*, for December, Dr. Horace Dobell, of London, has an excellent and thoughtful article on the functions and disorders of the liver and their management, in accordance with the results of modern discovery, especially in the relation that organ bears to the lungs and their diseases. Among other important facts he notes iron as a tonic never agrees when liver action is perverted or arrested, and he adds: "The disastrous effects of the ill-judged administration of iron in consumption are, I regret to say, constantly coming before me in practice." The whole article is a thoroughly instructive one.

Correspondence.

Enucleation of the Eye.

Ed. Med. and Surg. Reporter:—

On December 11th, 1879, at 3½ o'clock, P.M., Mr. B., aged 40 (10 miles in the country), received an injury in his right eye, by the explosion and backward discharge of his gun (breech-loader). At 12 o'clock the next day, assisted by his attending physicians, Drs. Ragsdale and Tillery, I enucleated the eye, ether being used anæsthetically. Patient had suffered very greatly by the injury and shock. Pulse before giving the ether beat 56 to the minute; at the completion of the operation it had fallen to 46.

Pathology.—Rupture at inner canthus, involving nearly all of the exposed sclerotic space and one-third of the cornea, also one at the external canthus, smaller and entirely sclerotic in location; also one on the inner portion of the eyeball, about half way from the corneal margin to the entrance of the optic nerve. Only fragmentary remains of the iris to be found. Aqueous humor *non est;* lens entire, but found in the backward portion of the vitreous chamber; retina torn into antero-posterior shreds; choroid lacerated severely; upper and lower eyelids each split for half an inch vertically, near their middle; face greatly disfigured with powder, with slight abrasions of surface (cheek and forehead) in four or five places. No foreign body was found in the eye or in the orbit.

Blank cartridge and tube were found after the operation, on the ground at place of accident, having no blood stains nor indentations; cap not found; bullet, of course, was discharged by the muzzle. Conclusion: injury thought to be the result of violent concussion. The patient speedily recovered.

A. B. Tadlock, M.D.

Knoxville, Tenn.

Chlorate of Potash in Diphtheria.

Ed. Med. and Surg. Reporter:—

In your journal of December 13th I find an article by Dr. Boker, of Adair, Ill., concerning the treatment of diphtheria. The Doctor, in his article, takes exception to the use of chlorate of potassa, *i.e.*, to the amount given the patient; comments upon the dose prescribed by a certain physician who gave an ounce and a half a day.

I simply want to mention my experience in the treatment of diphtheria, in a short period of local practice in the town of Amsterdam, N. Y. I had occasion to treat about eleven hundred cases of diphtheria. At first my treatment was simply directed toward alleviating the irritation of the throat, and controlling the febrile action. The treatment, as adopted, was a saturated solution of chlorate of potassa with muriated tincture of iron, and quiniæ sulphate in sufficient doses to control the fever.

I found the average temperature of the pa-

tients, on being called to them, was about 103 or 104°; diphtheritic deposit in the fauces; inability to swallow, and marked prostration. Even in children three or four months old I have prescribed the following:—

℞.	Chlorate of potash,	ʒ iij
	Tincture of iron,	ʒ iv
	Water,	
	Glycerine,	āā ʒ ij.

Sig.—Teaspoonful every fifteen minutes.

and this without producing any evil effect, the only evidence of the long continued administration of this drug being the presence on the body of a red eruption, characteristic of chlorate of potassa. The local application used was simply the ice packing to the throat. This gave very good results, but still I lost some of the cases. I then changed the recipe, and administered in connection with it one drop of dilute nitro-muriatic acid to every teaspoonful of the chlorate of potass. mixture. I found that with this treatment, combined with good care and nourishment, I was able to save about ninety-eight per cent. of my cases. My impression of the matter is this: That great benefit results from the administration of chlorate of potassa, and the chemical alteration it undergoes in the system, producing free oxygen, and in that way purifying the blood. This has been my experience with this dread disease: ninety-eight per cent. of the cases saved with this treatment! Can any one show a treatment calculated to save a larger per cent. of cases? If so, I should be pleased to hear of it through your columns. Robert J. Cullen, M.D.

Binghamton, N. Y.

Ceanothus Americanus in Diarrhœa.

Ed. Med. and Surg. Reporter:—

In your journal of December 20th is an article on coto bark in the diarrhœa of phthisis. Now, I see no reason why we should resort to foreign productions when we have an abundance of good remedies at home. Such an one you will find in the bark of the root of ceanothus, or Jersey tea. I have used it extensively for the last thirty years, and I have never had it fail me once. It is also a superior remedy in bronchial catarrh and all throat and lung affections; and in aphtha or thrush I have never seen its equal. While in the army, I found it the best remedy for chronic diarrhœa, combined with opium, at night. I make a strong decoction, in an earthen vessel, sweeten it with loaf sugar or honey, and give as a common drink. A weak decoction, made in the same manner, given to infants, makes an excellent remedy in teething diarrhœa.

S. P. Hubbard, M.D.

Taunton, December 22, 1879.

—Bedloe's Island, N. Y. harbor, will probably be the permanent site for the hospital of the United States Marine Hospital Service. The necessary buildings will in no way interfere with the gigantic statue of "Liberty Enlightening the World," which it is proposed also to place there.

News and Miscellany.

Regulations for Lunatic Asylums.

On December 18th a large public meeting was held in New York, to advocate reform in the management of lunatic asylums. Among other speakers Dr. E. C. Seguin argued that the Association of Superintendents of Insane Asylums, had created, as it were, an American asylum system, and this was as bad as its architectural products were huge, extravagantly expensive, and inadequate to the wants of the patients. The speaker thought the system had two fundamental defects: First, the mere accumulation of insane persons together in large companies, and second, the quality of the medical attendance in the asylums was not such as it should be. Blackwell's and Ward's Islands Asylums were characterized by Dr. Seguin as the worst two asylums in the country. Under the second point, the Doctor dwelt upon the bad selection of assistant physicians in the insane asylums. Young physicians, and even medical students, were put in charge of insane patients, without any preparatory experience, and the worst feature of it was that the superintendents of the asylums were frequently chosen from among these assistants. There was no test for promotion. The speaker urged that hospitals should be created for the treatment of acute curable cases of insanity, and that distinct institutions should be supplied for the care of the incurable. After touching briefly upon other needed reforms, he closed by arguing for the establishment of a State Commission on Lunacy.

Improvements in Memphis.

The committee recently appointed to make a sanitary survey of Memphis, including a house-to-house inspection, having completed its work, has presented a report of investigations made, which embodies recommendations to institute a system of sewerage, that the city should take possession of the water works and bayou, have a rigid system of building regulations, tear down infected houses, open and chill others, etc. An expenditure of about $500,000 would probably be required.

New Form of Sphygmograph.

The New York *Times* states that a physician of that city has invented a new sphygmograph. A minute disk of hard rubber firmly fixed to the base of a graduated tube, such as is used in the manufacture of thermometers, forms the essential part of the instrument. At the base, where the rubber diaphragm is adjusted to it, the glass tube is somewhat expanded in diameter, so as to form, with the diaphragm for a floor, a receptacle capable of holding a few minims of water colored with carmine. The remainder of the tube has the internal diameter of that of our ordinary medical thermometer. When the disk of the instrument is placed firmly upon or against the wrist, the vibration of the tissues beneath caused by the artery is communicated to it, and the

colored liquid dances up and down in the tube, registering to the eye of the practiced physician the force and particular description of each wave. Simple as the instrument is, its delicacy and accuracy are marvelous, while there are no adjustments to get out of order, and the merest tyro can apply it successfully.

A Startling Calculation for Sanitarians.

An esteemed correspondent writes us—

"It gave me a good deal of pleasure to read Dr. Richardson's lecture on Salutland, in your journal. I am myself somewhat of a fanatical dreamer in that direction; but statistics always come and throw cold water on my pleasant visions of a Salutland. Suppose the entire earth, with its 1,200,000,000 (is my figure right?) inhabitants, were suddenly, by some miracle, converted into a Salutland, with a death rate of only 8 per 1000. There being then no poverty and no disease, the birth rate would, in all probability, increase; but even limiting the birth rate to 38 per 1000, we should still have an annual increase of population amounting to 30 per 1000, at which rate the population would double itself every 23 years. We should thus have, in

23	years	from	now,	a population of 2,400,000,000
46	"	"	"	4,800,000,000
69	"	"	"	9,600,000,000
92	"	"	"	19,200,000,000
115	"	"	"	38,400,000,000
138	"	"	"	76,800,000,000
161	"	"	"	153,600,000,000

etc., etc., etc., until there would be no more room left."

The National Veterinary and Sanitary Organization.

In view of the enormous loss in animals by preventable diseases, and the disastrous consequences on national prosperity, a committee of the U. S. Veterinary Medical Association, Dr. A. Liautard Chairman, have petitioned Congress to establish a Veterinary Sanitary Bureau, whose duty it shall be to advise Congress as to what measures shall be necessary to control, restrict or eradicate any contagious or infectious disease affecting the domesticated animals.

Also, in view of the urgent necessity for the eradication of the lung plague of cattle from the United States, the restriction of the Texas fever of cattle to those Southern States in which it is already domiciled, and the protection of our flocks and herds against pestilences that may be imported with foreign stock, Congress is further respectfully requested to appropriate a sufficient sum of money to enable the Veterinary Sanitary Organization to deal at once, and effectually, with these three important matters.

Every one at all acquainted with this subject will certainly hope that this petition will be favorably and promptly considered.

—Dr. Robert C. Cone, formerly of Durham, N. Y., late of New York city, died on the 20th inst., aged sixty-nine years. He was a graduate of Yale College and the University of Pennsylvania Medical Department.

Items.

—Three members of a family of the name of Grassman died at Plymouth, Ind., lately, from trichinosis.

—Dr. Fleming, of Middleburg, Pa., on December 18th, presented a bill for medical services to Mr. John Lantz. A dispute about it arising, the Doctor seized a poker and dealt his debtor such a blow with it as to kill him. We always advocated close collections, but this is certainly pushing matters too far.

—A chemist writes to the *Evening Star*, of this city: "I have made many analyses of milk, and am satisfied that there is very little pure milk served in this city. Either the farmer or the dealer skims it and waters it. However, between them the consumer gets it well diluted and minus as much cream as time would allow them to remove."

QUERIES AND REPLIES.

—*Dr. E. C., of Canada.*—Cancer plasters usually contain arsenic or chloride of zinc. Formulas for a number of the most effective will be found in NAPHEY'S *Surgical Therapeutics*.

—*Sigma.*—The *syrupus spinæ cervinæ* of the Ph. Germ. is *syrupus rhamni*, a mild cathartic.

—*Dr. St. J. L., of Va.*—Fee bills are no longer officially adopted by medical societies in this city. The points you suggest will be considered editorially on some future occasion.

—*Occidental.*—There are at least half a dozen medical colleges in the United States which give as thorough education one as the other. We prefer not to specify any particular one.

—*Dr. M., of England*—Any institution which offers you an honorary degree for money is, on the face of the transaction, a worthless humbug. The one in this city you mention is the most notorious and discreditable of all. It has no legal existence.

MARRIAGES.

FERRIS—YALE.—In Philadelphia, December 11th, at the residence of the bride's uncle, H. W. Pitkin, by Rev. Richard Newton, D.D., E. M. Ferris, M.D., of Brookline, Mass., and Marion, daughter of Cyrus Yale, of New York.

TAGGART—DEVINE.—In this city, on November 28th, 1879, by the Rev. James E. Mulholland, William H. Taggart, M.D., and Annie, daughter of the late P. S. Devine.

THOMAS—STECKEL.—On the 18th ultimo, at the residence of the bride's parents, No. 523 Preston St., West Philadelphia, by the Rev. J. Richards Boyle, Pastor of Christ M. E. Church, Ora F. Thomas, M.D., of Chillicothe, Illinois, and Miss Ida B. Steckel, of this city.

DEATHS.

GOULD.—In New York, on Monday, December 15th, 1879, James B. Gould, M.D., formerly of Rome, Italy.

LUDLOW.—At Neshanic, N. J., on the 5th ultimo, Dr. Richard G. Ludlow.

PAUL.—Died, at Belvidere, N. J., on Thursday, December 18th, J. Marshall Paul, M.D., in the eightieth year of his age.

SMILEY.—In this city, on December 17th, 1879, Thomas T. Smiley, M.D., aged eighty-four years.

YOUNG.—Of consumption, Oct. 31st, 1879, at the residence of his sister, in Millersburg, O., Dr. J. D. Young, in the 32d year of his age. The deceased had practiced medicine in Indiana for the past six years.